

SECRET

REQUEST FOR DOMESTIC COVER LIST ENTRY OR CHANGE

SUBMIT THIS FORM IN DUPLICATE, ENCLOSED IN SEALED ENVELOPE

TO : Central Cover Staff
THROUGH: Office of Security
SUBJECT:
(True Name)

DATE

☒ ENTRY Inclusion of Subject on the Domestic Cover list is requested as noted below. When notified that cover has been established, Subject will be specifically authorized and instructed to conceal his Agency affiliation.

☐ CHANGE Subject is currently included on the Domestic list. For the reason noted below, it is requested that:

☐ This employee be removed from the Domestic Cover list

☐ The following change be made

TYPE COVER	MILITARY	STATE	OTHER GOVT. AGENCY	NONOFFICIAL
USE OF COVER	ALL PURPOSE	OPERATIONAL ONLY		

REQUESTING OFFICE

STAFF OR DIVISION	SIGNATURE AND TITLE	DATE
CENTRAL COVER STAFF APPROVAL		OFFICE OF SECURITY APPROVAL
SIGNATURE		SIGNATURE
DATE		DATE
		OFFICE OF SECURITY COPY

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